

**STACC CHILD CARE REGISTRATION INFORMATION
FORT HOOD, TEXAS**

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3013
PRINCIPAL PURPOSE: To verify child /youth and family eligibility and background information, obtain parental consent for access to emergency medical care, obtain data required by USDA food program, verify child/youth health status and currency of immunizations per admission requirements, note any special program considerations or restrictions on child/youth participation, refer child/youth for enrollment in Exceptional Family Member Program (EFMP)
DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be able to participate in child/youth programs and services.

DECLARATION OF NONDISCRIMINATION

Services will be made available to all children/youth in attendance without regard to race, color, religion, national origin, ancestry, or sex. STACC programs participating in the USDA food program shall offer meals without physical segregation of, or discrimination against any child/youth regardless of ability to pay.

NAME OF SPONSOR (LAST, FIRST) _____ RANK _____ SSN _____
NAME OF SPOUSE (LAST, FIRST) _____ RANK _____ SSN _____
SPONSOR'S UNIT _____ DUTY / WORK PHONE _____
HOME ADDRESS _____ HOME PHONE _____
CITY/STATE/ZIP CODE _____ Sponsor/Spouse Deployed? Yes _____ No _____
SOLE (SINGLE) PARENT: _____ MILITARY _____ DOD EMPLOYEE _____ CIVILIAN _____ RETIRED _____
TWO PARENTS: _____ BOTH MILITARY _____ MILITARY/DOD _____ BOTH DOD _____ DOD/CIVILIAN _____
_____ MILITARY/CIVILIAN _____ BOTH CIVILIAN _____ EITHER/BOTH RETIRED MILITARY _____

CHILD/YOUTH (last, first) _____ AGE _____ DOB _____ SEX _____

CONCERNS: SPECIAL REQUESTS REGARDING HEALTH; LIMITATIONS; DELAYS; AND OR ALLERGIES, ETC.

CHICKEN POX.....	YES	NO	VISION PROBLEMS.....	YES	NO	(_____ CHECK HERE IF CORRECTED BY GLASSES)
SCARLET FEVER.....	YES	NO	ORTHOPEDIC PROBLEMS.....	YES	NO	
DIABETES.....	YES	NO	HEARING PROBLEMS.....	YES	NO	
RHEUMATIC FEVER.....	YES	NO	SEIZURE DISORDER.....	YES	NO	
ASTHMA.....	YES	NO	ENROLLED IN EFMP.....	YES	NO	IF YES, REASON _____

IMMUNIZATIONS (TO BE COMPLETED BY CLERK FROM SHOT RECORDS): CLERK: _____

HEP-B	_____	_____	_____
DPT	_____	_____	_____
HIB	_____	_____	_____
OPV/IPV	_____	_____	_____
MMR	_____	_____	VARICELLA /VARIVAX _____
TB	_____	_____	_____

CHILD/YOUTH (last, first) _____ AGE _____ DOB _____ SEX _____

CONCERNS: SPECIAL REQUESTS REGARDING HEALTH; LIMITATIONS; DELAYS; AND OR ALLERGIES, ETC.

CHICKEN POX.....	YES	NO	VISION PROBLEMS.....	YES	NO	(_____ CHECK HERE IF CORRECTED BY GLASSES)
SCARLET FEVER.....	YES	NO	ORTHOPEDIC PROBLEMS.....	YES	NO	
DIABETES.....	YES	NO	HEARING PROBLEMS.....	YES	NO	
RHEUMATIC FEVER.....	YES	NO	SEIZURE DISORDER.....	YES	NO	
ASTHMA.....	YES	NO	ENROLLED IN EFMP.....	YES	NO	IF YES, REASON _____

IMMUNIZATIONS (TO BE COMPLETED BY CLERK FROM SHOT RECORDS): CLERK: _____

HEP-B	_____	_____	_____
DPT	_____	_____	_____
HIB	_____	_____	_____
OPV/IPV	_____	_____	_____
MMR	_____	_____	VARICELLA /VARIVAX _____
TB	_____	_____	_____

I UNDERSTAND IMMUNIZATION RECORDS WILL BE CHECKED FOR THIS CHILD CARE PROGRAM, I HAVE READ THE SHORT TERM ALTERNATIVE CHILD CARE (STACC) PARENTAL STATEMENT OF UNDERSTANDING AND WAIVER OF LIABILITY.

PARENTS SIGNATURE _____ DATE _____

Registration information is on file for the children listed above. The registration is valid for one year; expiration date will be one year from date above. It may be necessary; however, to complete the information form again during the registration period at any of our STACC activities or childcare sites.

CHILD/YOUTH (last, first) _____ AGE _____ DOB _____ SEX _____

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SCARLET FEVER.....	YES	NO	ORTHOPEDIC PROBLEMS.....	YES	NO	
DIABETES.....	YES	NO	HEARING PROBLEMS.....	YES	NO	
RHEUMATIC FEVER.....	YES	NO	SEIZURE DISORDER.....	YES	NO	
ASTHMA.....	YES	NO	ENROLLED IN EFMP.....	YES	NO	IF YES, REASON

IMMUNIZATIONS (TO BE COMPLETED BY CLERK FROM SHOT RECORDS): CLERK: _____

HEP-B	_____	_____	_____	_____
DPT	_____	_____	_____	_____
HIB	_____	_____	_____	_____
OPV/IPV	_____	_____	_____	_____
MMR	_____	_____	VARICELLA /VARIVAX	_____
TB	_____	_____		

CHILD/YOUTH (last, first) _____ AGE _____ DOB _____ SEX _____

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SCARLET FEVER.....	YES	NO	ORTHOPEDIC PROBLEMS.....	YES	NO	
DIABETES.....	YES	NO	HEARING PROBLEMS.....	YES	NO	
RHEUMATIC FEVER.....	YES	NO	SEIZURE DISORDER.....	YES	NO	
ASTHMA.....	YES	NO	ENROLLED IN EFMP	YES	NO	IF YES, REASON

IMMUNIZATIONS (TO BE COMPLETED BY CLERK FROM SHOT RECORDS): CLERK: _____

HEP-B	_____	_____	_____	_____
DPT	_____	_____	_____	_____
HIB	_____	_____	_____	_____
OPV/IPV	_____	_____	_____	_____
MMR	_____	_____	VARICELLA /VARIVAX	_____
TB	_____	_____		

SHORT TERM ALTERNATIVE CHILD CARE (STACC)
PARENTAL STATEMENT OF UNDERSTANDING AND WAIVER OF LIABILITY

1. My child (ren) is/are in good health and free of communicable diseases.
2. I understand that I must remain in or immediately adjacent to the building during the entire Short Term Alternative Child Care (STACC) Session, unless the function is off-site and travel directly to and from function to pick up my child (ren) directly afterward.
3. I understand that the Army is not assuming custody of my child (ren) during the STACC session, as I am immediately accessible in case of an emergency or illness, either on-site or by telephone contact.
4. I am responsible for my child (ren) while care is being provided. The staff will contact me if my child (ren) become (s) ill.
5. I have provided accurate and reliable registration information, in accordance with AR 608-10, Child Development Services, for STACC program.
6. I will pick up my child (ren) immediately after the on-site or off-site function.
7. I understand that the staff cannot administer any medications during the STACC session.
8. I understand that my child (ren) may be grouped in a multi-age setting, i.e. infants with toddlers and three-year olds, rather than by age groups.
9. I understand that if during a STACC session, I retain responsibility for my child (ren).
10. I understand that if I abuse the privileges of the STACC program, I may be suspended from the program for 30 days. Any further violation after that time could result in permanent revocation of my right to use the STACC program.